

Everett/Snohomish County Continuum of Care
Verification of Chronic Homelessness

Where chronic homelessness is an eligibility requirement for entry into the Project, (e.g., Permanent Supportive Housing (PSH) for the chronically homeless under the Continuum of Care (CoC) Program), intake staff are required to verify chronic homelessness per the CoC interim rule, 24 CFR § 578.3. This form should be attached to the Verification of Homelessness and Verification of Disability forms.

Applicant Name _____

Instructions: This form has two (2) columns. In the Chronically Homeless Status column at least one (1) box must be checked in each row (Current Situation, Disability, and Homeless History) for the Applicant to be considered chronically homeless. In the Documentation Attached column, check the box corresponding to the applicable part of the Chronically Homeless Status to indicate the type of documentation attached. All parts of the chronically homeless definition must be met and documented:

- ✓ Current Situation
- ✓ Disability
- ✓ Homeless History

The order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certifications by the person seeking assistance third. Self-certifications may be used only in rare and extreme circumstances (e.g. where the individual has been in a place not meant for human habitation in a secluded area without any contact with anyone for that period). Self-certifications must be accompanied by documentation of due diligence to obtain third-party documentation and documentation of the severity of the situation in which the individual has been living.

Chronically Homeless Definition

(1) A homeless individual with a disability who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter

AND

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in a place not meant for human habitation, a safe haven, or an emergency shelter.

OR

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility.

OR

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Chronically Homeless Status (Check One per Row)		Documentation Attached (Check One per Row)
Current Situation	<input type="checkbox"/> Lives in a place not meant for human habitation, a safe haven, or an emergency shelter OR <input type="checkbox"/> Has been residing in an institutional care facility for fewer than 90 days and met the chronic homelessness criteria before entering the facility	<input type="checkbox"/> Verification of Homelessness form with Accompanying Documentation NOTE: Persons in transitional housing are NOT considered chronically homeless even if they met the criteria prior to entering the transitional housing program.

Disability	<input type="checkbox"/> Has a Disability as defined on the Verification of Disability form (section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9))	<input type="checkbox"/> Verification of Disability form with Accompanying Documentation
Homeless History	<p>Has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter:</p> <p><input type="checkbox"/> Continuously for at least 12 months, without a break of 7 or more consecutive nights</p> <p>OR</p> <p><input type="checkbox"/> On at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness included at least 7 consecutive nights not in a place not meant for human habitation, a safe haven, or an emergency shelter</p> <p><i>NOTE: Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.</i></p>	<p><input type="checkbox"/> Chronic Homelessness Summary with Accompanying Documentation</p> <p>Allowable documentation is described in the Verification of Homelessness form. <u>Documentation must include the start and end dates of each occasion of homelessness.</u></p> <p><u>At least 9 of the 12 months must be documented through 3rd-party documentation</u>; breaks in homelessness may be documented through self-certifications.</p> <p>NOTE: 3rd-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g., a 3rd-party documented encounter on 1/15/16, counts for 1/1 to 1/31/16).</p>

Per the Chronically Homeless definition described above and the attached Chronic Homelessness Summary, I hereby certify that the Applicant qualifies as chronically homeless and that the required documentation is attached.

Name/Title of Person Completing Form _____

Signature _____ Date _____

Chronic Homelessness Summary						
	Start Date	End Date	Length of Time	Whereabouts (Description)	Whereabouts (Check All That Apply)	Documentation
Episode	Example: 1/1/2016	1/31/2016	1 Month	Everett/Snohomish County Emergency Shelter	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <90 days	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input checked="" type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Episode 1					<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <90 days	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Break					<input type="checkbox"/> Institution ≥90 days <input type="checkbox"/> Other ≥7 nights	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Episode 2					<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <90 days	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Break					<input type="checkbox"/> Institution ≥90 days <input type="checkbox"/> Other ≥7 nights	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Episode 3					<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <90 days	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Break					<input type="checkbox"/> Institution ≥90 days <input type="checkbox"/> Other ≥7 nights	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.
Episode 4					<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <90 days	<input type="checkbox"/> HMIS Record <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Housing/Service Provider <input type="checkbox"/> Self-Cert.

- A. In a **place not meant for human habitation, a safe haven, or an emergency shelter**: ☐ Continuously for 12+ Months ☐ At least 4 times in last 3 years
- B. Total # of Months in a **place not meant for human habitation, a safe haven, or an emergency shelter**: _____
- C. Of [B.] above, # of Months documented: By Third-Party documentation: _____ By Self-Cert.: _____